



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
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July 17, 2015

Ms. Diann Ward, Manager  
Mountain View Of Vershire  
397 McIver Road  
Vershire, VT 05079-9647

Dear Ms. Ward:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 15, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN  
Licensing Chief



## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____  Licensing and Protection	JUL - 9 15  (X3) DATE SURVEY COMPLETED  06/15/2015
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW OF VERSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE  397 MCIVER ROAD VERSHIRE, VT 05079		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 6/15/15. The following regulatory deficiencies were identified.	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.   This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that an annual reassessment was completed for 1 of 3 residents sampled (Resident #1). Findings include:  Per record review on 6/15/15, Resident #1 was admitted in October 2011. An assessment was completed upon admission, and the following year an assessment was completed on 12/1/12. There were no more recent assessments available in the medical record. Per interview on 6/15/15 at 11:15 AM, the home manager confirmed that the resident assessment had not been completed annually in 2013 and 2014 as required.	R136	<i>5.7 assessment - the resident in question is ACCS Resident and her condition has very little change since she came here to stay.</i> <i>* A new assessment will be done annually within the correct time frame, and each chart will be monitored monthly by the House Nurse or Manager.</i> <i>* This correction is already in place.</i>  <i>7-1-15</i>	
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES	R172		<i>For and 7-15-15 Carrie HTT</i>

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

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R172	<p>Continued From page 1</p> <p>5.10 Medication Management</p> <p>5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation and staff interview, the home failed to ensure that medications were used within the expiration date and labeled as to the date they were opened for 1 of 3 residents sampled (Resident #2). Findings include:</p> <p>Per observation on 6/15/15, the Novolog Insulin pen in use for Resident #2 had an expiration date of January 2015. Also, this Insulin pen was dated as being opened on 3/28/15, and had not been discarded after 28 days of opening. Per interview on 6/15/15 at 1:20 PM, the manager of the home confirmed that the Insulin was being administered after the expiration date on the label, and that it was also still in use well past the 28 days recommended by the manufacturer and pharmacy guidelines.</p>	R172	<p><i>5.10 Medication Management</i></p> <p>We will have a chart with the residents name - DOB - Name of insulin - Date opened <del>Nov 2014</del> <sup>Nov 2015</sup> expiration date and discarded date - Staff signature and date. We will also write the date on the insulin pen it was opened not to exceed 28 days.</p> <p>The date on the chart and pen will be checked by staff before each injection.</p> <p>It will be monitored by the Home Nurse and Manager.</p> <p>This practice is already in place. 7-1-15</p>	
R173 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the</p>	R173		<p><i>B. Moore 7-1-15 Committee</i></p>

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R173	<p>Continued From page 2</p> <p>keys</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Per observation and staff interview, the home failed to ensure that refrigerated medications were being monitored for proper temperature control. Findings include:</p> <p>Per observation on 6/15/15 at 1:15 PM, the medication storage refrigerator did not have a thermometer present, and contained Insulin pens of Lantus and Novolog for Resident #2. Per interview on 6/15/15 at 1:15 PM, the home manager confirmed that there was no thermometer present in the medication refrigerator, and that it was not being monitored for proper temperature control for the storage of medications.</p>	R173	<p><i>5.10 We will keep a thermometer in the refrigerator with Meds in it so the Temp. is 36-46° It will be read weekly and put on the chart with other temp. checks by staff and monitored. Put in place day of inspection 7-1-15</i></p>	
R266 SS=E	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, the home failed to ensure that household chemicals were stored away from areas accessible to residents. Findings include:</p> <p>Per observation on 6/15/15 at 9:45 AM, the</p>	R266	<p><i>9.1 all of the cleaning supplies will be stored in the storage areas with locks on the doors or door alarms. BMOOC and taken out only when they are being used. The inspector said laundry detergent and dryer sheets were ok to be left on shelf</i></p> <p><i>Jeanne Ward</i></p>	

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R266	Continued From page 3  washer and dryer had a shelf above it that stored a number of household cleaners and other items. Observed on this shelf were Liquid Ant Bait, Shout Stain Remover, Bathtub/Shower cleaner, Carpet Cleaning soaps, and Lysol Disinfectant Spray. The laundry equipment and shelf are in a common area hallway that is utilized by residents, some who have dementia. Per interview on 6/15/15 at 10:00 AM, the home manager confirmed the observation of household cleaners/chemicals on a shelf in a resident area of the home.	R266	<i>R266 This will be monitored daily by the staff. Put in place same day of inspection.</i>	<i>Moore ka Dawn Ward Bev Clegg</i>